

Coast Guard station recently got two new utility vehicles that are currently being fitted. This speaks to Commander Kyger's leadership ability, ensuring that his people had the proper equipment to accomplish their mission.

Mr. Speaker, Commander Kyger will be greatly missed by the larger South Texas community, as well as the Coasties he commands. He is a devoted family man who is also committed to helping the community. He was of great help to a community project known as "Save Our Children," a non-profit group that targeted young people in the Valley, encouraging them to stay away from violence and drugs, and reassuring them that they are indeed loved and are a valuable resource to South Texas. He was also instrumental in forming a partnership with the Boys Scouts of America to create a U.S. Coast Guard Explorers Post, an activity that provides a positive focus for young people after school.

I ask my colleagues to join me today in commending Jackie Kyger, an outstanding patriot, officer and family man on his departure from Coast Guard Station South Padre Island this week.

FOREIGN OPERATIONS, EXPORT FINANCING, AND RELATED PROGRAMS APPROPRIATIONS ACT, 2000

SPEECH OF

HON. ROBERT WEXLER

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Monday, August 2, 1999

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2606) making appropriations for foreign operations, export financing, and related programs for the fiscal year ending September 30, 2000, and for other purposes:

Mr. WEXLER. Mr. Chairman, I strongly oppose the Burton Amendment to H.R. 2606, the Foreign Operations Appropriations bill, which would limit U.S. foreign aid to India.

This amendment, which cuts essential aid to India, sends the wrong message to the government in Delhi. U.S./India relations have significantly improved since the end of the cold war. In reaching out to the United States and the international community, India has undertaken dramatic economic policy reforms to become a market-oriented economy. As of today, the United States is India's largest trading partner and largest investor.

The Indian government has also taken constructive steps to improve its human rights record. We must recognize the Indian government's efforts and progress, and assist them in taking further steps to reduce human rights abuses in their country.

Although the Indian government has made progress with respect to economic reforms and human rights, they face a much tougher goal of providing for a population of close to a billion people with a rapid population growth of 1.7 percent per year. Forty percent of India's urban population and half of the rural population live below the poverty level. The Burton amendment would cut crucial U.S. humanitarian aid to India that is desperately needed for disease control, population control, malnutrition, and rural development.

India which is an important strategic ally of the United States borders Iran and Communist China. Like the United States, India has many security concerns, including the direct threat of terrorism. Radical terrorist outfits trained in Afghanistan and Pakistan, including that of Osama Bin Laden, have targeted and executed innocent civilians in Kashmir.

I believe that the United States and India have already begun to see the benefits of improved bilateral relations. Unfortunately, this amendment reverses the gains made between our two democracies and denies humanitarian assistance to the most needy in India. I urge my colleagues to defeat this amendment.

INTRODUCTION OF THE MEDICARE PARAMEDIC INTERCEPT SERVICE EQUITY ACT

HON. SUE W. KELLY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 4, 1999

Mrs. KELLY. Mr. Speaker, I rise today to introduce the Medicare Paramedic Intercept Service Equity Act, legislation which will provide reimbursement for critically needed ambulance intercepts, no matter where they occur.

In the past, paramedic ambulance companies have billed Medicare for services administered to beneficiaries during an intercept. In May 1995, the Health Care Financing Administration discontinued allowing the paramedic ambulances to bill Medicare, stating that they only grant payment for services provided by the transporting ambulance, which under an intercept would be the non-billing volunteer ambulance. This policy precludes paramedic ambulances from receiving Medicare payment for their services.

According to the providers this policy has proven to be a nightmare. It creates a situation in which the volunteer personnel might choose to not call paramedic personnel, even if it is against their best judgment, because the patient may not be able to afford the cost of the paramedic care. The billing of the patient could also be avoided, if the patient is physically transferred from the volunteer ambulance to the paramedic ambulance, thereby making it the transporting ambulance but, in the process, wasting time that could be critical to the well being and survival of the patient. However, if the volunteer company does choose to call paramedic personnel, then the cost is passed on to the patient.

Although carriers have begun billing patients for their services, they often waive the charges for seniors who cannot afford to pay the bill. As a result of this policy, many paramedic ambulance companies are experiencing serious financial losses and may have to go out of business, which jeopardizes emergency care. Additionally, many seniors have taken to calling paramedic providers to describe their conditions to see if they would require their services, before calling the volunteer ambulance.

In 1997, Congress addressed this issue in the Medicare provision of the Balanced Budget Act. This provision amended the Social Security Act to provide coverage in rural areas for paramedic intercept services under Medicare Part B. This change was intended to allow paramedic ambulance companies to bill

Medicare for their services despite the fact that they were not the transporting vehicle. Yet under the Health Care Financing Administration's proposed methodology, many areas which would commonly be thought of as rural are not considered as such under the rule. Thus, these areas have all the problems of being rural, yet have none of the protections that Medicare reimbursements for paramedic intercept services would provide.

As a result, one town with the fortune of being classified as rural has paramedic intercept coverage, while the town directly next door with the same basic rural nature, but a few more residents has no coverage. This leaves seniors stuck in the middle, confused as to what areas are covered, and scared to call for an ambulance for fear they will be charged with a bill they cannot afford. The policy of only reimbursing ambulance intercepts that occur in rural areas geographically discriminates against Medicare beneficiaries by arbitrarily setting standards for reimbursement that will help only those seniors with the luck of living in a federally defined rural town.

Paramedic intercepts should be covered by Medicare no matter where a senior lives. If a senior is in medical need of an intercept, then Medicare should pay for it. The Medicare Paramedic Intercept Service Equity Act takes the debate over coverage out of rural vs. urban and towards one of medical necessity. Specifically, this bill strikes the word "rural" from the ambulance intercept provision of the Balanced Budget Act. In doing this, all intercepts are covered whether they are in a rural area or not.

Please join me in providing seniors with the critical emergency services they need and co-sponsor this important bill.

COSTELLO HONORS 300TH ANNIVERSARY OF THE VILLAGE OF CAHOKIA

HON. JERRY F. COSTELLO

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 4, 1999

Mr. COSTELLO. Mr. Speaker, I rise today in honor of the 300th Anniversary of the Village of Cahokia.

As we begin to near the end of this millennium, I ask my colleagues to join me in celebrating the history of the small towns within all of our districts. Throughout this year, Cahokia, a village in my district, continues to celebrate its tricentennial anniversary, with reflection on its vital place in American history.

The Village of Cahokia derives its name, which means "Wild Geese", from the Cahokia Indian tribe. Today, it is recognized not only as a wonderful, thriving community of Southern Illinois but also as the site of the Cahokia Mounds, which is both an Illinois State Historic Site and a World Heritage Site. The Cahokians, members of the Illini Confederation, along with their relatives, the Tamaroas, were the first people known to inhabit this small and beautiful region in the Mississippi Valley. While the Cahokian tribe continues to provide a vital, unique character to the region, in 1699, the diversity of the community was further strengthened with Cahokia's founding by missionary priests from the Seminary of Quebec.